

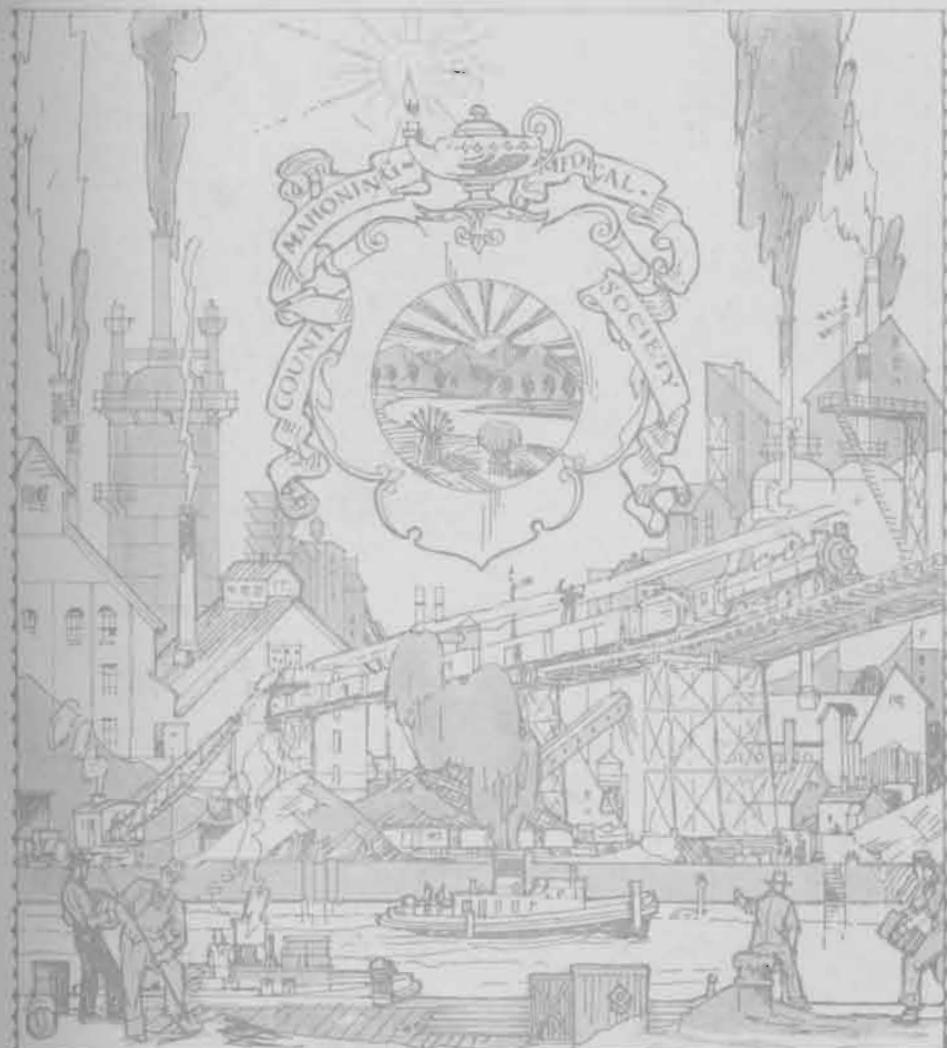
BULLETIN  
*of the*  
MAHONING COUNTY  
MEDICAL SOCIETY

MARCH, 1932

Volume Two

Number Three

*There is a short rule for obtaining the confidence of your community—deserve it.*  
—Oliver Wendell Holmes.



PROGRAM OF THE MARCH MEETING ON PAGE II



HOSPITAL ON WHEELS

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Call us at 22344 and make an appointment to visit our modern plant. You will be surprised to see what science has done by way of sanitary milk production.

FLORENCE L. HEBERDING.

March, 1932

## HIGH ARTERIAL PRESSURE

Excerpts from the paper presented by Dr. Joseph Barach at the February Meeting

High arterial pressure is very important. It is important to the physician because it involves a large number of patients. It involves us, as professional men more than it involves any other group of men. More wise men die of high arterial pressure than fools. It comes to a man who has done things in life. A man who has built up a business or has taken on great responsibilities in middle life when he shou'd look forward to passing the rest of his life quietly, finds himself a victim of high arterial pressure, of a condition from which he is not going to recover. So that it is a very important problem, if you understand it correctly. Give it its place in human affairs.

Much has to be known about the subject. We know a great deal about high arterial pressure, but we do not know the cause of high arterial pressure. It is more important to know what not to say about the subject, than it is to say a whole lot, because in some cases it would be rather unjust.

Hypertension is a symptom and not a disease.

Hypertension may be a cause or it may be an effect.

Hypertension is also an effect in cardiac hypertrophy.

Hypertension is often a malady of a long period of time in causing death.

Hypertension with discoverable disease.—In one group you will find cardiac hypertrophy. Another evidence of this condition in the primary group is the early vascular type and secondary the Renal type.

Hypertension without disease.—Essential vascular hypertension.—Any case of essential hypertension can only rightfully be called that for a short period of time, because it is an early stage of a true case of hypertension with disease. Intermittent hypertension which has sometimes been described as secondary, actually is an early stage, but sooner or later will become the permanent hypertension.

Hypertension with discoverable disease is primarily cardiac hypertrophy. A great majority of cases of hypertension which have existed for even a short time will show cardiac hypertrophy. The female heart weighs 427 grams, the male heart 500 grams. An abnormal case will show a heart that weighs more. To show the importance of the heart in hypertension we find sixty percent of the cases die of myocardial insufficiency.

Hypertension in Pregnancy. An apparently normal woman never hav'ng had evidence of nephritis, nor having shown any arterial vascular disturbances, becomes pregnant, and will in the latter part of her pregnancy develop a secondary and uncontrollable type of hypertension, only relieved when her pregnancy is ended normally or artificially.

Hypertension with Nephritis—Bichloride poisoning and continued X-ray treatment of the kidneys will do a severe amount of damage to the kidneys and produce hypertension.

Certain types of cardio-vascular disease.—Certain types of patients who are victims of this disease will at times show hypertension following the ingestion of large amounts of proteins. Proteins in hypertension have been discussed to and fro. Protein as a food does not ruin the kidney. Where a patient is, through a certain amount of change, deve'loping a lack in renal function, who has a cer-tain amount of arterial damage—in such a patient excessive protein wil' occa-sionally and more frequently than occasionally cause hypertension as a result of ex-cessive proteins.

Age of Hypertension is after middle life, it is only an occasional case in which hypertension is found in youngsters. The renal element is then very marked. As many men as women are the subject of hypertension.

Hypertension with Typhoid Fever.—A change has taken place in the nature of a child after he has gotten over Typhoid Fever. He cannot be as well or as undamaged as he was before the Typhoid Fever had progressed. The same is true of long standing focal infection. A diabetic patient will go along in a normal way and be entirely sugar free and be under satisfactory control and when a minor infection comes along, glucose tolerance is reduced by half. Take a patient that had developed repeated colds through out many years. That insult

followed the acute infection you can easily see, and such a course is bound to do certain damage to an individual. So that acute infection or chronic infection directly is not the cause of hypertension, but indirectly is an important factor in hypertension.

Certain Influences in Hypertension. White men die of arterial sclerosis. The negro dies with hypertension with chronic nephritis. Hypertension is unknown in China. (Dr. Barach has not been willing to accept this statement and is now waiting for information as to how true that is). The Chinese are a very different type of men from the Americans, by temperament, by reaction to life and everything that involves them.

Color is very important in the study of hypertension. A patient walks into the consulting room, and you will observe immediately that a certain man is diabetic, or a certain man is anemic by the color of the certain types. By seeing a man walk down the street, by the body make up, the length of his back, length of his arms and legs, you can see that that man's pituitary for some years has been entirely diseased. This is remarkable too. Certain diseases are shown by certain body conformations. Cromwell states "Man dies of the disease of which he is born." Certain characteristics will determine the course of life throughout. The more you study environment with disease the more you will come to understand this. The man with hypertension is a stamped individual. He is made of a little different substance from the man who is not destined to develop hypertension.

Arterio-sclerosis of itself is not the cause of hypertension. We do find in hypertension arterio-sclerosis in which the large blood vessels show a thickening. Thickening of the arteries is very bad. It is important to realize that the changes in these arteries are not of an inflammatory nature.

Nervous symptoms--Intracranial pressure and arterial spasm. The nervous system is capable of causing an increase of blood pressure. Vascular constriction causes hypertension and the constriction of the entire capillary system. Both are the cause of hypertension in a majority of cases. The thickening in the smaller vessels may be primary or secondary. There are certain nerve governors which regulate the blood pressure of individuals. One is the thyroid gland as we know. Cardiac hypertrophy in an Exophthalmic goiter is accompanied by hypertension. I believe that many individuals live the kind of life they do because they have insufficient thyroids. They avoid physical effort because physical effort is uncomfortable for them. They live that way because it is comfortable for them.

#### Diagnosis of hypertension.

1. The aortic accent of the second sound. Where hypertension exists the aortic sound is the predominant sound at the base of the heart. With the accent of the aortic area, one more question is, do they have nocturnal polyuria? If they void more urine between the hours of eight P. M. to 8 A. M. the diagnosis is complete.

#### 2. Pathological symptoms.

Two types of high blood pressure. A high systolic pressure with a relatively high diastolic pressure, and a relatively low systolic pressure with a distinct high diastolic pressure. The high diastolic pressure is more serious.

#### Prognosis.

1. In which the blood pressure returns to normal very readily under moderate restriction without difficulty.
2. In which improvement occurs in the condition for a time, but not for a long time.
3. No improvement occurs. All efforts on the part of the patient and the physician to reduce the pressure is of no avail. In this type of case, efforts to stop the patient from being uncomfortable by prescribing will be of no avail. Men do not outlive normal existence, because they must still carry on in their work and responsibilities. Women live a more quiet life and have less responsibilities thrown on them, so that they do outlive their existency. Ninety percent of the cases die within ten years after their first visit to the doctor's office. Death occurs either from cerebral, cardiac or renal lesions. A diastolic pressure of 120 means that death in that patient will occur within two years.

(Continued on Page 22)

March, 1932

## PRESIDENT'S PAGE

"Aims, methods, and persistency are common to the medical profession of all countries. On its flag is inscribed what should be the life rule of all nations, Fraternity and Solidarity."—Abraham Jacobi.

Article 2 of our Constitution states in part, "The purposes of this society shall be to bring into one organization the physicians of Mahoning County, so that by frequent meetings and full and frank interchange of views they may secure such intelligent unity and harmony in every phase of their labor as will elevate and make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it."

The great increase in the activities of the society makes it impossible if not undesirable to have a "full and frank interchange of views" at the meetings. Of necessity then discussions must be "curbstone" or "staff room," or wherever a group may gather and only occasionally are the results of any substantial value to the society, except as are held in committee meetings.

It has been said many times that one reason a certain doctor is a better diagnostician than another is that he thinks of more things that might be wrong, and indeed the reason why some societies make more progress than others is that they contain more interested members.

Let us all become more "society-minded." Get out to meetings, see that your neighbor attends, and if you have thought of some good plan or idea, go over it with one of the officers or committee chairmen, and in this way your proven interest and enthusiasm will help immeasurably "to secure such intelligent unity and harmony" as will carry us to our goal, and in addition give you great personal satisfaction in having done your bit, for as Oliver Wendell Holmes said, "It is faith in something, or enthusiasm for something, that makes life worth living."—A. E. BRANT.





# The Mahoning County Medical Society BULLETIN

JAMES L. FISHER, M. D. .... Editor  
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B. W. SCHAFFNER, M. D. .... Asst. Editor

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A. W. THOMAS, M. D.

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In this issue we present our second article on Standardization Technique—"Vaccination Against Smallpox." The next article will be "The Technique of the Health Examination." Watch for it.

\* \* \* \* \*

In looking over the old minute books dealing with the early days of the Society, we have come across many interesting and amusing items reflecting the personalities of some of our beloved predecessors, as well as the medical thought of their times. Dr. Louis Deitchman is going to review the early minutes and prepare an account of the meetings, to run serially in the Bulletin. These articles will appear at an early date.

\* \* \* \* \*

In a recent issue of the Youngstown Daily Vindicator we note a long letter to the Editor written by Sue M. Farrell, President of the Vivisection Investigation League in New York. The text opposes immunization against diphtheria and cites very brief excerpts from scientific literature to support her contention that the procedure is very dangerous. If she had been more complete in her quoting she would not have been able to bring out from any of her authorities that the great good being done by this procedure is even nearly balanced by its dangers.

We doubt if the writer ever sat by the bedside of a child ill with diphtheria, wishing that something could have been done to prevent such a fatal disease. We wonder if she has ever seen it attacking one of her own children, as this writer has. We are not able to understand the mental processes of a person who would raise up this straw man to frighten people away from immunizing methods in order to let children go on dying of diphtheria.

Physicians can perform no higher service than that of preventing such diseases as smallpox, diphtheria, scarlet fever and typhoid fever.—J. L. F.

## SECRETARY'S REPORT

The regular monthly meeting of the Mahoning County Medical Society, was held in the Youngstown Club on February 16th, 1932. An interesting paper was given by Dr. Joseph H. Barach, on "High Arterial Pressure." At that time the applications for membership of Drs. Kenny, Curtis and Mylott were read and will be voted on at the next regular meeting. After the scientific paper, the society met for a business meeting and the following resolution was adopted by the society as a whole:

Be it resolved that the Mahoning County Medical Society in line with other organizations and individuals contribute in addition to medical services already given by each and every individual member of our society, FOOD, to those in need as far as our circumstances will permit, which at the present time would be about twenty-five dollars per week. This amount to be distributed by the executive officers through the Allied Council.

The application for membership has been received of Michael J. Kocialek.

In browsing through the old minutes of former times, it was found that in November 1905 the name of Dr. G. W. Crie appeared as an honorary member of our society.

The Post Graduate Day Committee held a meeting on February 5th, 1932. Final arrangements were made for Post Graduate Day, the meeting to be held at the Ohio Hotel. At the first meeting of this committee, it was felt that the wives of the visiting doctors should be invited, but it has been decided that no special invitation would be extended but if they come, the committee will take care of them. The evening meeting will be held in the Youngstown Club.

The Program Committee has definitely arranged with Dr. Christian's group of Harvard, to put on our Post Graduate Day program. The outline of the program will be found elsewhere in this edition of the Bulletin.

On February 11th, 1932, Dr. Brant called a Council meeting, wherein the resignation of one of our members, Dr. Metzger, was discussed and the Membership Committee has recommended that this individual be put on the honorary list. This office and also the membership committee would like to hear if there are any objections to this recommendation.

A communication has been received from the Union Medical Asso. in regard to their meeting in Akron on April 13th, 1932. They are requesting the society to furnish one or more speakers. If any of the members are interested kindly communicate with the Program Committee, Dr. E. C. Goldcamp, Chairman.

Council takes the medium of the Bulletin to notify all of the members, that the society as a whole does not sanction any advertising of any kind in any publications.

The House Committee has been doing excellent work, but have been running into obstacles due to finances.

A communication has been received by this office from the state secretary notifying us that all members whose dues have not been paid as of March 1st, 1932, will be marked from the mailing list of the state journal after the March issue. If your dues are not paid kindly get in touch with the Secretary or Treasurer. As you know that from the first of January this year if your dues are delinquent you will not receive state protection for mal-practice.

Dr. C. M. Reed is recovering as of the last report, from a recent operation in the Orthopedic Hospital in New York City. He is anxious to see any of our members who are visiting that city.

Dr. Sidney McCurdy is confined to his home with a back injury which will cause him to be bedridden for a considerable length of time. Be sure to go and see Mac if you have a few minutes.—WM. M. SKIPP.

## STANDARDIZATION TECHNIQUE

There are two reasons why vaccination against Smallpox frequently fails to take in susceptible persons. The first is the use of vaccine that has lost its potency, either through improper refrigeration or date expiration, or both; and the second is due to lack of proper technique.

In order to produce a successful vaccination (vaccinia) fresh virus must come into contact with the papillary layer of the derma, or true skin, where absorption takes place by way of the capillaries. Any technique which fails to facilitate prompt absorption of the vaccine is certain to result in a considerable number of failures, since body heat quickly destroys the virus, if absorption is delayed. Since 1798, the year when Sir Edward Jenner first published the results of his experiments, many refinements in technique have been developed, until Smallpox vaccination has become the simple, safe and effective procedure it is today.

Perhaps the most satisfactory technique now in use is the multiple pressure method, devised by Dr. Leake of the United States Public Health Service.

Described briefly it is as follows: Cleanse the skin thoroughly with soap and water, then with alcohol, and allow to dry. (Avoid strong non-volatile antiseptics). In the usual manner, break the capillary glass tube containing the vaccine, and by means of the small rubber bulb express the contents of the tube on the site previously prepared. Now grasp the part to be vaccinated in such a manner as to draw the skin taut, holding the needle point parallel to the surface of the skin at the point of vaccination. Do not use the point to make a puncture, but make sufficient pressure to depress the epidermis and with an up and down motion press the vaccine, just beneath the outer layer of skin. (Avoid drawing blood). The surface should be lightly pricked in this manner about thirty times, and the application confined to a circle not over one-eighth of an inch in diameter. The excess virus is removed with sterile gauze.

Regarding after-treatment, the United States Public Health Service advises—"That vaccinations should be treated openly, that is, shields or dressings attached to the vaccination site should not be employed, since they predispose to severe "takes" and occasionally lead to the occurrence of complications. In exceptional cases a vaccination covering consisting of a few large layers of gauze pinned to the inside of a loosely fitting sleeve is permissible, but experience has shown that dressings are neither necessary nor desirable in the great majority of vaccinations."

Immunization treatments against disease should be administered at an early period of life. The reactions are milder in infants and children, and the span of protection is longer. The order in which they should be carried out is based primarily on the age incidence of the various diseases. The fact that infants are very susceptible to Smallpox places vaccination first on the list, infants should be given this protection when six months old. At nine months the infant is then ready for Diphtheria immunization, which is second in importance at this early age. At a later period comes Scarlet Fever and Typhoid protection, in the order named.—DR. B. W. SCHIAFFNER.

### SUGGESTED FORM FOR RECORDS:

Last Name .....	First name and Init. ....	Date of Birth .....				
Parent or guardian.....		Residence.....				
History of contagious diseases (if had insert date)						
Smallpox ..... Diphtheria ..... Whooping Cough.. Measles .....						
G. Measles ..... Chickenpox ..... Scarlet Fever ..... Mumps .....						
Art. Rheum. ..... Pneumonia ..... Typhoid Fever .... Infantile P. .....						
Tuberculosis .....						
IMMUNIZATIONS						
Toxoid Injections						
Date	Result	1st date	2nd	3rd	4th	5th
Smallpox Vac.		Take!				
Shick Test						
Re-Schick						
Dick Test		Scarlet Fever Toxin Injections				
Date	Result	1st date	2nd	3rd	4th	5th
Re-Dick						
Typhoid Immu.		1st date	2nd	3rd		
Physical examination and recommendations:						
Signed.....						M. D.

## HISTORICAL SIDELIGHTS OF MEDICINE

Many of us who practice medicine have come to consider the American Journal of the Medical Sciences indispensable as a means of keeping abreast of the best thought and practice in our profession. That it is a publication of considerable age, one can easily surmise by glancing at the current issues comprising volume 183. Consequently, then, it was with great interest that I chanced upon the announcement of the forthcoming first edition of this venerable journal. In a copy of The American Quarterly Review, No. III, September, 1827, published by Carey, Lea & Carey of Philadelphia, there are several pages given over to the announcement of books and magazines published by the above mentioned publishers, among which appears the following:

"The American Journal of the Medical Sciences."

"The present, (August) number, will terminate the second series of the Philadelphia Journal of the Medical and Physical Sciences. A third series, or rather a NEW WORK, upon a MORE COMPREHENSIVE PLAN, will be commenced on the first of November next, bearing the title of the

"American Journal of the Medical Sciences."

The object of this change is to establish a NATIONAL WORK, devoted exclusively to the improvement of medical science, and to the elevation of the dignity and character of the profession, to the entire rejection of all local and individual interests and party views.

As an evidence of the spirit in which this work is to be conducted, the proprietors deem it sufficient to state that the cooperation of the most distinguished members of the profession throughout the union has been secured, and their names will hereafter appear on the title page of the Journal as collaborateurs. At present it may be sufficient to mention the following:—

Jacob Bigelow, M. D., Professor of Materia Medica in Harvard University, Boston.

N. Chapman, M. D., Professor of the Institutes and Practice of Physic and Clinical Practice in the University of Pennsylvania.

John Redman Coxe, M. D., Professor of Materia Medica in the University of Pennsylvania.

John Beal Davidge, M. D., Professor of Anatomy in the University of Maryland.

William F. DeWees, M. D., Adjunct Professor of Midwifery in the University of Pennsylvania.

Harry Dickson, M. D., Professor of Institutes and Practice of Medicine in the Medical College of South Carolina.

Gouverneur Emerson, M. D., of Philadelphia.

John W. Francis, M. D., Professor of Obstetrics and Forensic Medicine in Rutgers Medical College, New York.

William Gibson, M. D., Professor of Surgery in the University of Pennsylvania.

John D. Gibson, M. D., Professor of Anatomy and Physiology in Rutgers Medical College, New York.

R. E. Griffith, M. D., of Philadelphia.

Robert Hare, M. D., Professor of Chemistry in the University of Pennsylvania.

Isaac Hays, M. D., one of the Surgeons of the Pennsylvania Infirmary for diseases of the Eye and Ear.

## HISTORICAL SIDELIGHTS OF MEDICINE

Thomas Henderson, M. D., Professor of the Theory and Practice of Medicine in the Medical College of the District of Columbia.

George Holcombe, M. D., of Allen-Town, New Jersey.

William E. Horner, M. D., Adjunct Professor of Anatomy in the University of Pennsylvania.

David Hosack, M. D., Professor of the Institutes and Practice of Medicine in Rutgers Medical College, New York.

Ansel W. Ives, M. D., of New York.

Samuel Jackson, M. D., one of the Physicians of the Philadelphia Alms House Infirmary.

Frederick G. King, M. D., of New York.

William J. MacNeven, M. D., Professor of Therapeutics and Materia Medica in Rutgers Medical College, New York.

Valentine Matt, M. D., Professor of Surgery in Rutgers Medical College, New York.

James M. Pendleton, M. D., Lecturer on Midwifery and Diseases of Women and Children, New York.

Philip Syng Physick, M. D., Professor of Anatomy in the University of Pennsylvania.

Wright Post, M. D., Professor of Anatomy in the College of Physicians & Surgeons, New York.

Nathaniel Potter, M. D., Professor of the Theory and Practice of Medicine in the University of Maryland.

Thomas Sewall, M. D., Professor of Anatomy and Physiology in the Medical College of the District of Columbia.

John Spence, M. D., of Dumfries, Virginia.

John C. Warren, M. D., Professor of Anatomy and Surgery in Harvard University, Boston.

The proprietors invite contributions from the profession at large—and will pay liberally for all articles inserted in the Journal.

Arrangements have been made to obtain from London and Paris all new medical works and an analysis of the most valuable will be given as early as possible.

Every Journal published in Great Britain and France, and nearly all others published in Europe will be procured for the use of this Journal. The department of foreign intelligence will receive particular attention, and will contain a complete view of the progress of medical science.

The American Journal will contain nearly one-half more matter than has heretofore been given in the Philadelphia Journal, and neither labour nor expense will be spared to make it worthy to be considered a national work.

### TERMS

Each number will contain two hundred and forty pages. The first number will appear on the first of November, and the future ones on the first of February, May and August.

Price, five dollars per annum, payable in advance. Orders, enclosing the amount of one year's subscription, addressed to the publishers, or any of the agents, will receive prompt attention.

CAREY, LEA & CAREY.

So then the first number of the first volume appeared November 1827, and apparently publication has been maintained quite consistently to the present time. Also one can discern in the name of the publishers, one familiar to the present generation of physicians, as the publishers of numerous works and text books on medicine. Of the original board of collaborateurs, many of the names have come down to us across the intervening century, as for instance, Bigelow, DeWees, Physick and Warren. The Robert Hare mentioned, may well have been an ancestor of Hobart A. Hare, recently deceased.—H. E. PATRICK, M. D.

# PROGRAM

## Of The March Meeting

Tuesday Eve., March 15th, 8:30 P.M.

Youngstown Club

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### Dr. John Tucker

of Cleveland, Ohio

“Newer Viewpoints In The  
Treatment

Of Peptic Ulcer”

---

Dr. Tucker has been with the Cleveland Clinic since its inception, having been associated with the late Dr. John Phillips. He has been particularly interested in diseases of the gastro-intestinal tract. His subject is one of universal interest, and this—coupled with the ability of the speaker—assures our usual high type of program.

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Following the meeting, the usual social hour will be enjoyed, the Club facilities being available for this purpose.



## Coming Events

# FIFTH ANNUAL POST-GRADUATE DAY

Thursday, April 28, 1932

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An entire day devoted to clinical lectures and demonstration of cases by a group from the Peter Bent Brigham Hospital in Boston, consisting of—

DR. HENRY A. CHRISTIAN—Hersey Professor, Theory and Practice of Physic, Harvard University. Physician in Chief to the Peter Bent Brigham Hospital, Boston, Mass.

DR. SAMUEL A. LEVINE—Assistant Professor of Medicine, Harvard University. Senior Associate in Medicine, Peter Bent Brigham Hospital.

DR. WILLIAM C. QUINBY—Clinical Professor of Genito-Urinary Surgery, Harvard University. Urologic Surgeon, Peter Bent Brigham Hospital.

DR. MERRILL C. SOSMAN—Roentgenologist, Peter Bent Brigham Hospital, Associate Roentgenologist Children's Hospital.

A tentative program for the day appears on the next page. Morning and afternoon sessions will be held at the Hotel Ohio. The dinner and evening sessions will be in the Youngstown Club.

Visiting physicians are especially invited.

### POST GRADUATE DAY COMMITTEE

Paul J. Fuzy, Chairman

G. G. Nelson, Vice-Chairman

J. D. Brown

R. B. Poling

Julia March Baird

Louisa S. Cervone

W. X. Taylor

W. H. Bachman

COURSE OF LECTURES BY A GROUP FROM THE STAFF  
OF THE PETER BENT BRIGHAM HOSPITAL OF  
BOSTON, MASSACHUSETTS

9 A. M. DR. HENRY A. CHRISTIAN

Varieties of Bright's Disease and Their Management.

10 A. M. DR. SAMUEL A. LEVINE

A Clinical Conception of Rheumatic Heart Disease.

11 A. M. DR. WILLIAM C. QUIMBY

Cardio-Renal Balance After Operations.

1 P. M. DR. MERRILL C. SOSMAN

Through the Alimentary Canal with the Fluoroscope.

2 P. M. DR. SAMUEL A. LEVINE

The Bedside Recognition and Treatment of Cardiac Irregularities.

3 P. M. DR. WILLIAM C. QUINBY

Some Clinical Aspects of Urinary Calculi and Their Treatment.

4 P. M. DR. HENRY A. CHRISTIAN

Diuretics and Their Uses.

AFTER DINNER—A Clinico-Roentgenological Conference By  
Doctors Sosman, Quinby, Levine and Christian.

## Cleveland Programs For March

### ACADEMY MEETING

Auditorium—Friday, March 18, 1932—8:15 P. M.

1. The Neurological Aspects of Pernicious Anemia—  
M. A. BLANKENHORN, M. D.
2. The Outlook of the Patient with Pernicious Anemia—  
CYRUS C. STURGIS, M. D.  
Prof. Internal Medicine University of Michigan

### OBSTETRICAL AND GYNECOLOGICAL SECTION

Herrick Room—Wednesday, March 9, 1932—8:15 P. M.

1. Demonstration of two new Instruments (5 min.)  
WM. D. FULLERTON, M. D.
2. Interrelationship of Anterior Pituitary and Ovary (30 min.)  
B. S. KLINE, M. D.
3. Ovarian Hormones (30 min.)  
E. P. McCULLAGH, M. D.

### EXPERIMENTAL MEDICINE SECTION

Institute of Pathology—Friday, March 11, 1932—8:15 P. M.

(Program arranged by the Department of Medicine)

1. The Dissociation of Microbacteria into Non Acid Fast  
Forms (10 min.)  
F. R. MILLER, M. D.
2. Pellagra: Response to an Unorthodox Diet (10 min.)  
(By invitation)  
T. D. SPIES, M. D.
3. The Excretion of Sulphate (10 min.) J. M. HAYMAN, Jr. M. D.
4. Gastric Acidity in Various Stages of Graves' Disease  
(10 min.)  
W. R. BERRYHILL, M. D.
5. The Antianemic Property of Human and Bovine Gastric  
Juice (10 min.)  
H. A. WILLIAMS, M. D.
6. Further Evidence of Thebesian Arterial Connections  
(10 min.) (By invitation)  
J. T. WEARN, M. D.  
T. G. KLUMPP, M. D., L. J. ZSCHIESCHE, M. D.

### PITTSBURGH MEETING OF INTEREST

Pittsburgh Urological Association

Pittsburgh Athletic Association, Monday, March 14, 1932; 8:00 P. M.

1. The Use of the Author's Cautery Punch in the Relief of  
Urinary Obstruction Caused by Carcinoma of the  
Prostate. JOHN R. CAULK, M. D., of St. Louis, Mo.



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**Committee on Award**

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For other details of the Mead Johnson Vitamin A Clinical Research Award, see special announcement, pages 14 and 15, in Journal of the A. M. A., January 30, 1932.

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Consequently the announcement of a new source of supply should give a stimulus to food research. The Research Division of S. M. A. Corporation in making the announcement expressed the thought that the prices of these rarer chemicals may ultimately be brought within the range of any research budget.

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## PUBLIC HEALTH DEPARTMENT

The attention of the membership is called to the following excerpt from the General Code of Ohio:

Sec. 4427. (Duty to give notice of prevalence of infectious diseases.) Each physician or other person called to attend a person suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever or typhoid fever, or any other disease dangerous to the public health, or required by the state board of health to be reported, shall report to the health officer within whose jurisdiction each person is found, the name, age, sex and color of the patient, and the house and place in which such person may be found. In like manner, the owner or agent of the owner of a building in which a person resides who has any of the diseases herein named or provided against, or in which are the remains of a person having died of any such disease, and the head of the family immediately after becoming aware of the fact, shall give notice thereof to the health officer.—DR. C. H. BEIGHT, Commissioner of Health.

### OUR DUTY IS FIRST TO OHIO

It is time to cease being lachrymose over the "brotherhood of man" and soft-hearted over "our duty to the rest of the world", and to become hard-boiled in respect of the needs of Ohioans and our responsibility to meet them. An adequate Public Health Service, properly financed; a clear concept of the Conservation needs of the State, efficiently organized, financed and put into effective action; an equitable system of taxation, sufficiently wide of scope ample for necessities and capable of enforcement—these are the crying needs of the hour. The forces of Public Health and Conservation, by united effort, can predetermine the measure of success to be attained in meeting the first two; and their united effort will be necessary if they are not to be left in the discard when the more militant interests take hold of the solution of the tax problem.—Ohio Health News.



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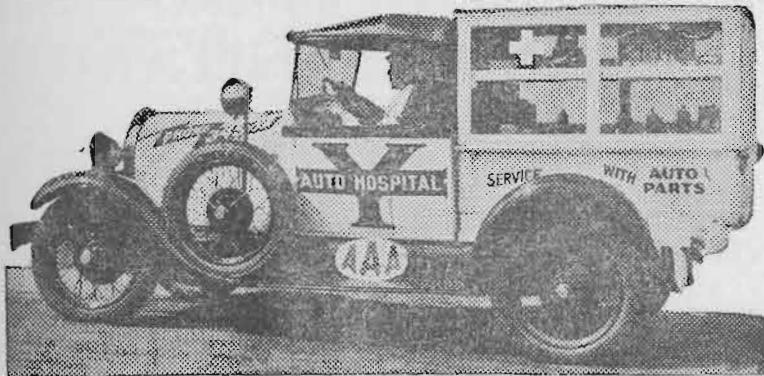
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## CONTEMPORARY REVIEW

Doctors have been, and are, criticized for their attitude of aloofness; and if we judge correctly, people want to be told of the advances in medicine. They want to know what is accepted, what is promising, if not actually established, and what is false. Bulletin of Academy of Medicine of Cleveland.

\* \* \* \* \*

The Bulletin must be kept worthy of the organization which it represents.—Bulletin of Academy of Medicine of Cleveland.

\* \* \* \* \*

"The glory of medicine is in prevention. The sacrifice of the practitioner of clinical medicine and his philanthropy to individual patients is the vitalizing influence of much of medical history. The influence of preventive medicine is written into the history of nations and of the world. It has shaped the destiny of countries and races, and is the ultimate aim of medical science."—The Wisconsin Medical Journal.

\* \* \* \* \*

I wonder if the activities of the medical profession during the last few years may not be an answer to the much discussed subject of the high cost of medical care. These times show how elastic this cost can be made. Furthermore, they show that the sick will be taken care of at all times. The cost of medical care would seem to be entirely within the patient's control.—E. Star Judd, M. D., in the American Medical Association Bulletin.

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## HIGH ARTERIAL PRESSURE

(Continued From Page 4)

You may study the life of hypertensive individuals backward, from the day you saw them to their early infancy. A large proportion of these cases are vascular. You will find they give a history of definite infection in early life. The type of patient that have colds off and on again. A large percentage of their early school years are spent at home and in bed. Later between the years of fifteen or twenty they are the type that develop a neurasthenia. They have certain symptoms of nervous tremor, profuse sweating, blue hands, sweating of their feet and hands, and all the symptoms that denote N. C. A. They may at times be looked upon as hyperthyroid. Naturally these nervous symptoms make them restless, shaky and unstable. These patients become rather dissipated after the age of forty. From that time on we find that they fall into two types. Either they carry on more actively than before—the energetic type, hard worker, fearless worker, or the other type that is so burdened with life that they live a life of inactivity, of unproduction. Later on they develop temporary hypertension and finally permanent hypertension. The provocation of inferiority that they showed in early life manifests itself and the break comes. The curtain falls. Females who give a history, in reading the life backward, of chronic infection, of infection of early childhood, the ones who show a prominent thyroid at the time of adolescence, around twelve or fourteen years of age. They do not always have a definite goiter, but a thick neck that suggests goiter. They will have many interesting features—Chronic tonsillitis, nervousness, large colloid goiters, certain characteristics of the skin, coarse hair and dry skin. The thyroid is involved in a majority of these cases. When that type grows to maturity they do



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not many as frequently as the normal ones. Among twenty-nine typical thyroid cases, twenty-two married out of the twenty-nine cases. Eight had no children at all, ten had one child, and four had two children. So that in the entire group reproduction is entirely below normal. We find the same history exactly with the hypertensive type. They do not take on the responsibilities of life. These women finally come to permanent hypertension, the break comes, and when it comes it manifests itself in one of the three ways.

Treatment. Rest, removal of nervous strain, restoration of the equilibrium in some cases exercise, others none at all such as cases of cardiac decompensation. Diet, care of the intestines, sleep, moderate use of tobacco, and removal of the foci of infection.

Medicine.

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Bromides are useful.

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## DOWN ON CAPE COD



lived an old fisherman, known far and wide as the favorite guide of President Cleveland and of Joseph Jefferson, the actor.

One day, while "sittin' and thinkin'" he remarked, "We Cape Codders are mighty thrifty and savin' lot, but when it comes to fishin'-tackle, guns and medicines, we want the best."

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### S. Q. LAYPIUS OBSERVES

See where a feller dropped a book on his foot, breaking a bone. Must have been pretty heavy reading matter.

Best way to achieve temperance would be to pass a law to the effect that everyone must consume a certain amount of alcoholic beverage every day.

Some of these birds who pride themselves upon being "hard-boiled" are just mixed up in their culinary terms. The proper word is "half-baked."

We, in medicine, have found interest in the "expiratory grunt." Those desiring to pursue the investigation of other types of grunts are respectfully referred to any local wrestling match.

Newspaper headline states that the Japanese propose starving out the Chinese. Terrible military tactics. The Chinese have been so used to starving that they will not notice the difference.

Cleveland Plain Dealer says, "Baker acclaims Washington as greatest citizen born on American soil." Maybe so, but I know a feller who has a wife and eight children and no job, but who stil' has a smile.

I have a patient who cannot tell a lie either—but he just has an impediment in his speech.

Even if Medical Costs were proved to be high, what difference would it make? No one pays 'em anyhow.

Americanism:—Becoming warm and agitated because there were a few fatal traffic accidents but apparently unconcerned over a greater number of fatal diphtheria cases which are more easily preventible.

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